

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **07/16/2010 15:44** Facility: **POLUNSKY (TL)**

Age: **51 Years** Race: **W** Sex: **Male**

Most recent vitals from 07/16/2010: **BP: 139 / 74 (Sitting) ; Wt: 175 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min; Temp: 96.8 (Oral)**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: **ENGLISH** Name of interpreter, if required:

IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:
cr has ibup for ha

Procedures Ordered:

BP CHECK SERIES REQUEST/ORDER (BP) {CNDB}: medical cars 1

Electronically Signed by **ZOND, ALAN** D.O. on **07/16/2010**.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **07/16/2010 07:35** Facility: **POLUNSKY (TL)**

Age: **51 Years** Race: **W** Sex: **Male**

Most recent vitals from 07/16/2010: **BP: 139 / 74 (Sitting) ; Wt: 175 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min; Temp: 96.8 (Oral)**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: **ENGLISH** Name of interpreter, if required:

**IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID**

Today's Problem:

S:nsc for needing to use nail clippers

O:excessive toenail and fingernail length.

A:

Plan is as follows: pt taken to legal visit room, given clippers and nails were clipped without incident

Procedures Ordered:

NURSING LEVEL 1 COMPLETE VISIT: np - corn/callus/nail care

Electronically Signed by POPE, TERESA M R.N. on 07/16/2010.
##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **06/04/2010 15:43** Facility: **POLUNSKY (TL)**

Age: **50** Years Race: **W** Sex: **Male**

Most recent vitals from 02/18/2010: BP: ; Wt: ; Height: 70 In.; Pulse: ; Resp: ; Temp:

Allergies: **NO KNOWN ALLERGIES**

Patient Language: **ENGLISH** Name of interpreter, if required:

IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

cr refused bp checks

Electronically Signed by **ZOND, ALAN** D.O. on **06/04/2010**.
##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2010 15:15 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 02/18/2010: BP: ; Wt: ; Height: 70 In.; Pulse: ; Resp: ; Temp:

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID
SALSALATE 500MG TABLET, 1 TABS ORAL BID

Today's Problem:

S:cr bp checks not done

Electronically Signed by ZOND, ALAN D.O. on 03/10/2010.

Electronically Signed by EPPOLITO, DONNA E L.V.N. on 03/10/2010.

Electronically Signed by PARKER, JENNIFER D CCA on 03/11/2010.

Electronically Signed by MARTIN, REMEMBER C CCA on 03/11/2010.

Electronically Signed by DELGADO, CYNTHIA L L.V.N. on 03/11/2010.

Electronically Signed by GRAY, JACQUELINE L.V.N. on 03/12/2010.

Electronically Signed by ROGERS, TAMMIE P L.V.N. on 03/12/2010.

Electronically Signed by DUNEGAN, GAYLE R L.V.N. on 04/03/2010.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 01/29/2010 10:35 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

S:no longer has nausea but feel weak and dizzy-----These have been chronic and intermittent symptoms
denies any sore throat or cough.....no ear symptoms

Hx of Hay fever and joint pains

? Hep C status

no Hx of HTN

O:afebrile today temp 98.3

Hep C test was indeterminate

A+O in NAD

heart lung and bowel sounds are wnl

mild inflammation in nose and throat

ears---only wax

no joint path noted

A:allergy symptoms

r/o hep c and HTN

Plan is as follows:

---chart only to Dr. Zond in 4 wks to review BPs and labs

---check BP q Tues and Thurs x 3 wks

Started Meds:

LORATADINE 10MG TABLET	11523716008	01/29/2010 10:54
1 TABS ORAL QD		
STOP DATE:	REFILLS: 0	
SALSALATE 500MG TABLET	10135040301	01/29/2010 10:54
1 TABS ORAL BID		
STOP DATE:	REFILLS: 2	

Stopped Meds:

IBUPROFEN 800MG TABLET	65162057010	11/18/2009 16:08
1 TABS ORAL BID		
STOP DATE:	REFILLS: 2	

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 01/29/2010 10:35 **Facility:** POLUNSKY (TL)

Procedures Ordered:

*HEPATITIS C VIRUS ANTIBODY [HCV] {HPAHEPHVHPESLD}: observation for unspecified suspected condition
HEPATITIS C VIRUS QUAL BY PCR (HCVQUALPCR): observation for unspecified suspected condition
BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): observation for unspecified suspected condition
*CBC W/DIFF {DMCD PSYLBPSZDBHVCNESLDAHEPHP}: observation for unspecified suspected condition
*HEPATIC FUNCTION PANEL (LFP) {PSYLDMCD}: observation for unspecified suspected condition
Electronically Signed by BEHRNS, ROBERT M.D. on 01/29/2010.
##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/17/2009 12:55 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

vr pe do not reschedule

Electronically Signed by ZOND, ALAN D.O. on 08/17/2009.

Electronically Signed by MARTIN, REMEMBER C CCA on 08/18/2009.

Electronically Signed by PARKER, JENNIFER D CCA on 08/18/2009.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/14/2009 13:48 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

ns pe security reasons
please reschedule

Electronically Signed by ZOND, ALAN D.O. on 08/14/2009.

Electronically Signed by PARKER, JENNIFER D CCA on 08/14/2009.

Electronically Signed by MARTIN, REMEMBER C CCA on 08/18/2009.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/10/2009 13:46 **Facility:** POLUNSKY (formerly TERRELL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:

cr tylenol 325 2 po bid x 30 kop ifa rf x 2

Electronically Signed by ZOND, ALAN D.O. on 06/10/2009.

Electronically Signed by SHAFFER, MARGARET T on 06/10/2009.

Electronically Signed by PARKER, JENNIFER D CCA on 06/10/2009.

Electronically Signed by WILLIAMS, BERNADINE PCA on 06/12/2009.

Electronically Signed by FRANKLIN, TONYA FCSR on 06/12/2009.

Electronically Signed by MCINTOSH, CHRISTINA L CMA on 06/15/2009.

Electronically Signed by MARTIN, REMEMBER C CCA on 06/16/2009.

Electronically Signed by FOXWORTH, ARIANA FCSR on 06/17/2009.

Electronically Signed by MUDD, PAMELA F on 06/22/2009.

Electronically Signed by PRICE, PATRICIA L FCSR on 07/17/2009.

##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/17/2008 12:22 **Facility:** POLUNSKY (formerly TERRELL)

Age: 48 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH	Name of interpreter, if required:
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Today's Problem:

cell side security reasons

worsening gerd

nad

Plan is as follows:

dc ibuprofen

nort 50 1 po bid x 30 rf x 11

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): reflux esophagitis

Electronically Signed by ZOND, ALAN D.O. on 03/17/2008.

##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2008 11:15 **Facility:** POLUNSKY (formerly TERRELL)

Age: 48 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:

cr

ibup 800 1 po bid x 30 kop rf x 2

Electronically Signed by ZOND, ALAN D.O. on 03/10/2008.
##And No Others##

Correctional Managed Care
CLINIC NOTES - MID LEVEL PROVIDER

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 11/08/2006 07:51 **Facility:** POLUNSKY (formerly TERRELL)

Age: 47 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language:	ENGLISH	Name of interpreter, if required:
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Today's Problem:

S: scr for eyes hurting , throbbing pain
eyes get blurry after reading 5 min

O: bil lower conjunctiva w/ cobblestoning

A: allergic conjunctivitis

Plan is as follows:

meds- naphcon -a 2 drops ea eye bid x 30 days, no rf-kop
start 11/10/06 ibuprofen 600 mg 1 po bid x30 days,2 rf-kop

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: conjunctivitis nos

Electronically Signed by OVERBECK, DEANNA E NP on 11/08/2006.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 08/11/2006 08:06 Facility: POLUNSKY (formerly TERRELL)

AGE: 47 Years RACE: W SEX: Male

CASE SUMMARY

Problems:

Cars:

**Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM**

Not Specified:

**Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM**

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 08/11/2006: BP: 120 / 82 (Sitting) Wt. 167 Lbs. Height 70 In. Pulse: 64 (Sitting) Resp.: 14 / min Temp: 98 (Oral)

Patient Language: ENGLISH Name of interpreter, if required:

Chief Complaint:

scr for ha, eyes, gas

**states when gas gets sprayed he has reaction of vomiting
even if he is in general vicinity and not the one being sprayed
wants to know what is happening w/ referral to optom, last glasses from 99**

o-pt does not have glasses w/ him today

fundoscopic exam neg

a- headache

visual complaints

Plan is as follows:

**please schedule nsc fo va- pt already informed to bring glasses w/ him
meds- ibuprofen 600 mg 1 po bid x 30 days, 2 rf-kop**

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: vision

Electronically Signed by OVERBECK, DEANNA E NP on 08/11/2006.

##And No Others##

CORRECTIONAL MANAGED CARE
MD/MLP CHART REVIEW

Patient Name: AUSTIN, PERRY A **MRN#:** 999410 **Date:** 08/08/2006 07:10 **Facility:** POLUNSKY (formerly TERRELL)
AGE: 47 Years **RACE:** W **SEX:** Male

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/17/2006: BP: 140 / 83 (Sitting) Wt. 172 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 14 / min Temp: 98.3 (Oral)

Patient Language: _____ **Name of interpreter, if required:** _____

Chief Complaint:

scr for rxn to pepper spray,migraines,renew ranitidine
refused visit

Plan is as follows:

do not reschedule,must resubmit scr

Electronically Signed by OVERBECK, DEANNA E NP on 08/08/2006.

Electronically Signed by ZOND, ALAN D.O. on 08/08/2006.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/17/2006 07:46 **Facility:** POLUNSKY (formerly TERRELL)

AGE: 47 Years RACE: W SEX: Male

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/17/2006: BP: 140 / 83 (Sitting) Wt. 172 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 14 / min Temp: 98.3 (Oral)

Patient Language: Name of interpreter, if required:

Chief Complaint:

scr for needs ranitidine renewed. pt states needs something stronger
 has already cut down to one cup of coffee per day
 and only thing he buys from commissary is soups

o- abd soft,nt normoactive bs

a- reflux

Plan is as follows:

meds- d/c and renew ranitidine 150 mg 2 po bid x 30 days 11 rf-kop

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: reflux esophagitis

Electronically Signed by OVERBECK, DEANNA E NP on 07/17/2006.
 ##And No Others##

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 04/28/2006 10:36
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 04/28/2006: BP: 110 / 68 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 68 (Sitting) Resp.: 18 / min Temp: 97.6 (Oral)

Patient Language, if other than English: **Name of interpreter, if required:**

Chief Complaint:

scr for acid reflux, states he does not have his meds
o-abd soft, mild tenderness esp mid epigastric area
a-gerd

Plan is as follows:

cell searched and ranitidine not found, except an old card w/ 1 pill left in it
will check w/ nursing so that pt can obtain his meds

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): heartburn

Electronically Signed by OVERBECK, DEANNA E NP on 04/28/2006.
##And No Others##

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 02/06/2006 09:55 Facility: POLUNSKY (formerly TERRELL)

AGE: 46 Years RACE: W SEX: Male

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language: Name of interpreter, if required:

S: C/o blurred vision, occasional headaches, and occasional nose bleeds.

O: NAD. Pleasant/cooperative. PERRLA. Bilateral fundus exams unremarkable.

No photophobia, no nausea, no vomiting. ENT exam unremarkable. Nasal turbinates patent, no edema, no erythema, no bleeding, no drainage.

A: Decreased Visual Acuity, Headache

P: Patient states that he has purchased Ibuprofen from commissary and does not need me to order any Ibuprofen for him.

Visual Acuity Test done by Ms. Lambert.

I plan to refer to Estelle for eye exam.

RTC if problems persist or worsen.

Electronically Signed by HANSON, JANICE L NP on 02/06/2006.
##And No Others##

Patient Name: AUSTIN, PERRY A **MRN#:** 999410 **Date:** 08/30/2005 11:38 **Facility:** POLUNSKY (formerly TERRELL)
CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language: Name of interpreter, if required:

Verbally refused to come to clinic for provider evaluation of back pain per security.

Electronically Signed by HANSON, JANICE L NP on 08/30/2005.
##And No Others##

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/27/2005 13:33 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language: **Name of interpreter, if required:**

S: Requesting elastic support for elbow and zantac for indigestion.

O: Right elbow exam unremarkable, no edema, no tenderness, no erythema, no bruising.

FROM, NVI.

Abdomen soft, non-tender bsp x 4. No chest pain, no radicular pain, no diaphoresis, no chest pressure.

A: Indigestion

P: Elbow brace not medically indicated.

Ranitidine 150 mg one po bid x 30 x 11 kop.

Electronically Signed by HANSON, JANICE L NP on 07/27/2005.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/01/2005 10:41 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
 Reflux Esophagitis First Observed 11/01/2002 12:00AM
 Heartburn First Observed 03/15/2004 08:11AM
 Vision First Observed 05/13/2004 10:35AM
 Backache First Observed 02/02/2005 07:27AM
 No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medications: RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 06/01/2005: BP: 132 / 82 (Sitting) Wt. 163 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 16 / min Temp: 98.1 (Oral)

Patient Language: **Name of interpreter, if required:**

S: Requesting chest x-ray due to coughing x 2 weeks, especially at night. States that he was diagnosed with TB in 1989 and received treatment for 6 months.

O: 45 y.o. Hispanic male. NAD. LCTA. No coughing during exam.

A: TB Class 2 Diagnosis

P: BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: tb class 2 (infection, no disease pulm. tuberculosis)
 CHEST X RAY 2 VIEW: tb class 2 (infection, no disease pulm. tuberculosis)

Electronically Signed by HANSON, JANICE L NP on 06/01/2005.

##And No Others##

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 05/10/2005 06:42

CLINIC NOTES

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: Austin, Perry
TDCJ No.: 999410
Unit: TL

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 03/18/2005 07:20
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medications:

ACETAMINOPHEN 325MG TABS, 2 TABS ORAL(po) BID
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language, Name of interpreter, if required:

S: Pt seen cell side do to no escorts. C/O LBP. Has Hx of gerd and states Tylenol and OTC Motrin not controlling pain

O: Pt gets up and ambulates to cell with ease, in NAD, no grimace or outward signs of discomfort or pain.

A: LBP

P: Pt educated on LBP, treatment, importance of exercise, and treatment expectations

Will obtain a LS Spine since has continued C/O LS Spine pain.

Will also try short course of Indocin to see if will control pain.

Started Meds:

INDOCIN 25MG CAPS	00006002568	03/18/2005 07:34
1 CAPS ORAL(po) TID	Special Instructions:Kop X 14 Days Prn	
STOP DATE: 04/01/2005 07:34	REFILLS:	

Procedures Ordered:

LUMBAR SPINE X RAY 3 VIEW: backache

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: backache

Electronically Signed by YOUNG, ROBERT A PA on 03/18/2005.

##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/17/2005 13:00 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY**Problems:**

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM

Medications: RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language: **Name of interpreter, if required:**

Chief Complaint:

seen cell side due to lockdown pt. requests low row

alights from bed and walks to cell door with no difficulty whatsoever and with no limp

Plan is as follows:

no indication for lo row

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): backache

Electronically Signed by ZOND, ALAN D.O. on 02/17/2005.

Electronically Signed by AVANT, SHERA L on 02/17/2005.

##And No Others##

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 02/02/2005 07:14
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Mental Health:

Mental Status Exam First Observed 05/20/2004 03:39PM
No Diagnosis On Axis I/axis II First Observed 05/20/2004 03:41PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Hiv High Risk Screening Completed First Observed 05/01/2002 12:15AM
Physical Examination First Observed 05/02/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Screening Exam For Suspected Condition First Observed 07/28/2004 02:36PM
Varicella, Immunity First Observed 08/11/2004 10:33AM

Medications:

RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID
Special Instructions: KOP -- 2 TABS PO BID X 30 DAYS X 11

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language: **Name of interpreter, if required:**

S: Pt here C/O LBP x 10 years. HX of severe GERD, Tylenol no help. Pt wants low row restriction.

O: PE unremarkable, Pt ambulates and climbs on and off exam table with ease. Is in NAD and shows no signs of discomfort with movement or ambulating. No spasms, no tightness, Non tender to palpation, FROM, strength 5/5, Neuro intact.

A: LBP

P: No medical indication for a Low Row restriction.

Will treat with Naprosyn for 2 weeks only to help relieve LBP w/o risk to GI

Pt encouraged to try Tylenols after Naprosyn

Strong NSAID warnings

RTC PRN

Started Meds:

NAPROXEN 250MG TABS 62939831101 02/02/2005 07:27
1 TABS ORAL(po) B BID Special Instructions:Kop X 14 Days Prn
STOP DATE: 02/16/2005 07:27 REFILLS:

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: backache

Electronically Signed by YOUNG, ROBERT A PA on 02/02/2005.
##And No Others##

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 05/04/2004 07:21
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

HEARTBURN [787.1] first observed 03/15/2004 (Active)

HIV HIGH RISK SCREENING COMPLETED [V77.99] first observed 05/01/2002 (Active)

PHYSICAL EXAMINATION [V70.7] first observed 05/02/2002 (Active)

REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)

TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)

Medications:

RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 05/04/2004: BP: 118 / 76 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 66 (Sitting) Resp.: 18 / min Temp: 96.2 (Oral)

S: Pt here C/O heartburn. Was increased to 300 mg bid but has only been taking 150 bid. Pt educated on change in meds and will start taking meds correctly.

O: Heartburn

A: Heartburn

P: Continue Zantac as prescribed.

RTC PRN

Procedures Ordered:

FOLLOW UP VISIT:heartburn

Electronically Signed by YOUNG, ROBERT A PA on 05/04/2004.

##And No Others##

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 03/15/2004 07:56
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Medications:

Allergies:

Current Lab Tests:

Most recent vitals from 03/15/2004: BP: 100 / 78 (Sitting) Wt. 167 Lbs. Height 70 In. Pulse: 96 (Sitting) Resp.: 18 / min Temp: 97.8 (Oral)

S: Pt here C/O heartburn x years. All the time. Type food does not matter. One zantac does not work.

O: Abd soft, nt, nd, no masses, +bs all quads.

A: GERD

P: Zantac 150 mg 2 po bid x 30 days kop rf x 2

RTC PRN

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1)* COPAY*: heartburn

Interpreter Used	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Name of interpreter:
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Electronically Signed by YOUNG, ROBERT A PA on 03/15/2004.

##And No Others##

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 02/27/2004 15:11

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Austin
TDCJ No.: 999410
Unit: TL

Date & Time	Notes
11-6-03	No Elbow sleeve Pass → <u>PMO</u> <u>CD</u>
(11-6-03)	Front Cuff Pass x 180
①	Handcuff 11/6/03 @ 1400 <u>11/6/03</u>
11-12-03	0815 SCR returning front cuff pass saying it was mistake he wanted a "neoprene elbow sleeve brace" Reply this is no mistake provide denied the brace and issue the front cuff pass <u>DRPM</u>
12-3-03	1100 Call from Warden req. to be seen for wrist. <u>DRPM</u> MP F/U <u>DRPM</u>
12-5-03	8:45 1105 # 130/80-80-18-974 Here to see MD re: request of yesterday re: wrist <u>DRPM</u> ① Elbow pain
8/11	① Issue Pass for Neoprene elbow sleeve x 180days ② DC front handcuff pass (At PTH request) <u>DRPM</u> ③ R/T C PRN. <u>R</u>
	Until DRPM on 12/5/03 1002)
1-1-04	1015 SCR needs Zantac renewed. Reply done <u>DRPM</u> <u>E</u>
1-1-04	1020 5) ph SCR needs Zantac. 0/A not present
	① Zantac 150mg + QPMY 300X11 KOP TO URGency <u>DRPM</u>
	Please sign each entry with status.
	HSM - 1 (Rev. 5/92) <u>Not signed</u> 1-5-04 1100 <u>DRPM</u> 1/6/04 090

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
 HEALTH SERVICES DIVISION
 SICK CALL REQUEST

JUL 24 2011

PART A: (To be completed by offender)

Offender's Name: Perry Allen AustinDate: July 23, 2011

Work Assignment:

TDCJ No.: 999410Wing No.: 120039/2-Row

Work Hours:

School Hours: _____

Service needed: Medical Dental Mental Health Other:Reason for Health Services Appointment: I've run out of Amoxicillan and the extraction site is still infected pretty bad. Steadily leaking pus.How long have you had this problem? Hours: _____ Days: n/a

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
 Signature of Offender

cc:file

PART B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: Exam scheduled

Munis Qazi 7/25/11

Medical Staff Member's Signature

JUL 24 2011

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUL 15 2011

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: July 15, 2011

Work Assignment:

TDCJ No.: 999410

Work Hours:

Wing No.: 12CC39 School Hours:

Service needed: Medical Dental Mental Health Other:

Reason for Health Services Appointment: Had tooth pulled 6/21, got infected, put on antibiotics 7/6; still bleeding, still constantly leaking pus, still painful. Ibuprofen is useless.

How long have you had this problem? Hours: _____ Days: 24

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry G. Austin
Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Exam scheduled

Munro, RN 7/15/11

Medical Staff Member's Signature

JUL 15 2011

Date

Verbal

SICKCALL

URGENT

SUBJECT: State briefly the problem on which you desire assistance.

JUL 06 2011

The extraction site where my tooth was pulled on June 21, 2011 is infected and still bleeding. I had thought it had healed because it had stopped hurting. It has in fact started hurting worse now and continuously oozes out pus and dark red blood. The infection has my head all woozy. I would appreciate it if you could see me as soon as possible. Thank you.

Perry A Austin

Name: Perry Allen Austin

No: 999410

Unit: Polunsky

Living Quarters: 12 CC39/2 - ROW

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

*EXAM
Scheduled
MURKIN 7/6/11*

JUL 06 2011

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 27 2011

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: June 23, 2011

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC 39

School Hours: _____

Service needed: Medical Dental Mental Health Other: _____

Reason for Health Services Appointment: I had a tooth pulled June 21, 2011. It has become infected.
It is throbbing with pain and leaking pus continuously.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry L. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Exam scheduled

JUN 27 2011

Murphy, M.A. Wren
Medical Staff Member's Signature

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 22 2011

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: June 21, 2011

Work Assignment:

TDCJ No.: 999410

Wing No.: 12CC39

School Hours: _____

Work Hours: _____

Service needed: Medical Dental Mental Health Other: _____

Reason for Health Services Appointment: I'd like to have a complete dental check-up, work.
Also need a wisdom teeth pulled. Bottom right.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry O Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: You need to let that extraction site heal for at least a week before we go measure around in there again.

Medical Staff Member's Signature

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 20 2011

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: June 18, 2011

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: Medical Dental Mental Health Other: _____

Reason for Health Services Appointment: I've got a really bad abscess. Hurts bad. Need a couple of teeth pulled too!

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry G. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Exam Scheduled

Munro, RN 6/20/11
Medical Staff Member's Signature

Date

Scanned by SWAIM, KATHY L. CCA in facility POLUNSKY (TL) on 01/04/2011 14:43

DEC 1 1 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name Perry Allen Austin

Date 12-09-10

Work Assignment _____

TDCJ No 999410

Wing No. 12CC39

School Hours _____

Work Hours _____

Service needed: Medical Dental Mental Health Other _____

Reason for Health Services Appointment. I need a wisdom tooth pulled.

How long have you had this problem? Hours _____

Days _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply _____

I am scheduled

Perry B. Austin 12/13/10

Medical Staff Member's Signature

Date

**CORRECTIONAL MANAGED CARE
DHR – MISCELLANEOUS (NARRATIVE)**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 12:27 **Facility:** POLUNSKY (TL)

Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959

Most recent vitals from 7/28/2011: BP: 164 / 91 (Sitting) ; Wt: 165 Lbs.; Height: 70 In.; Pulse: 75 (Sitting) ; Resp: 18 / min; Temp: 98.1 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

Offender referred from Medical

SUBJECTIVE:

Patient c/o: #14 drainage

OBSERVATION:

Current Vital Signs Reviewed – BP 164/91, was seen in medical last night for BP controls

Medical History Reviewed – no changes noted

Tooth Defects (Tooth # and Surface) and Radiographic Findings: #14

Checked WNL for drainage and sinus communication / no apparent swelling / patient still stating it drains continually

Severe caries / apparent pulpal exposure / fracture / periapical radiolucency

ASSESSMENT:

Hard Tissue Disease (521)

PLAN:

TREATMENT PROVIDED:

F/U exam

Extraction site of # 14 checked and still appears to be healing WNL

RX:

Started Meds:

PENICILLIN VK 500MG TABLET	00781165501	07/28/2011 12:36
1 TABS ORAL TID		
STOP DATE:	REFILLS: 0	

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1

D-*DDS DENTAL VISIT (D0): dental cars 1

D-F/U EXAM ESTABLISHED PATIENT (D0): dental cars 1

**CORRECTIONAL MANAGED CARE
DHR – MISCELLANEOUS (NARRATIVE)**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 12:27 **Facility:** POLUNSKY (TL)

ASSESSMENT:

V72.2 Dental Examination

Periodontal Type: by Topography

PLAN:

TREATMENT PROVIDED:

Sick Call Exam

Plaque Index with disclosing: %

OHC Including brushing and flossing demonstration

Radiographs taken and reviewed:

Removed/spooned some soft caries, tooth #(s):

Placed IRM/Fuji IX sed/temp filling (caries remain), occlusion checked, tooth #(s):

Applied Vanish Fluoride Varnish, tooth #(s):

Medications Prescribed:

RTC =

ENDING PRIORITY: _

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/28/2011.
##And No Others##

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/25/2011 08:09 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/24/2011, Chief Complaint: extraction site is still infected ... leaking pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed
Healing WNL

ASSESSMENT:

Hard Tissue Disease (521)

PLAN:

TREATMENT PROVIDED:

Extraction site of # 14 socket irrigated with H2O.
Checked for Oral-antral Fistula – appears to be WNL
No apparent drainage noted.
1 PAX taken and reviewed – appears to be WNL

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1
D-FOCUSED EXAM BY SICK CALL REQ (NO COPAY)(D0): dental cars 1
D-RADIOGRAPH, ONE FILM (D0): dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/25/2011 08:09 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/25/2011.
##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

SCR DENTAL S/C SCHEDULED (ATC 1& 2)

Entered On: 07/18/2011 14:09

Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers O'Brian and Landacre, Offender refused to come to dental; RTC = SCR PRN

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/06/2011, Chief Complaint: extraction site hurting ... oozes pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed – BP 172/95

Bone exposed on distal aspect of socket, purulent drainage present, no apparent oral-antral fistula noted
Socket appears to have developed a clot WNL otherwise

ASSESSMENT:

Hard Tissue Disease (521)
Alveolar osteitis

PLAN: RX Antibiotics

TREATMENT PROVIDED:

Extraction site of # 14: dried residual purulent drainage and irrigated area with water
Given Amoxicillin 500 mg X 2 stat

RX:

Started Meds:

AMOXICILLIN 500MG CAPSULE	00781261301	07/06/2011 10:29
1 CAPS ORAL BID		
STOP DATE:	REFILLS: 0	

Referred to Medical for BP chart review

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER:	dental cars 1
D-F/U EXAM ESTABLISHED PATIENT (D0):	dental cars 1
D-RADIOGRAPH, ONE FILM (D0):	dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
This document has been corrected by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
##And No Others##

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/06/2011, Chief Complaint: extraction site hurting ... oozes pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed – BP 172/95

Bone exposed on distal aspect of socket, purulent drainage present, no apparent oral-antral fistula noted

Socket appears to have developed a clot WNL otherwise

ASSESSMENT:

Hard Tissue Disease (521)

Alveolar osteitis

PLAN: RX Antibiotics

TREATMENT PROVIDED:

Extraction site of # 14: dried residual purulent drainage and irrigated area with water

Given Amoxicillin 500 mg X 2 stat

RX:

Started Meds:

AMOXICILLIN 500MG CAPSULE	00781261301	07/06/2011 10:29
1 CAPS ORAL BID		
STOP DATE:	REFILLS: 0	

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER:	dental cars 1
D-F/U EXAM ESTABLISHED PATIENT (D0):	dental cars 1
D-RADIOGRAPH, ONE FILM (D0):	dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

P* AD SEG PRIORITY S.T.A.R.
Entered On: 06/29/2011 13:36
Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers Griffen and Catlett, Offender refused to come to Dental; RTC = SCR PRN

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A

MRN: 999410

=====

P* AD SEG PRIORITY S.T.A.R.

Entered On: 06/28/2011 15:47

Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW 06/27/2011 Lay-in; per Officer Brewer, no escorts available; RTC = RESCHEDULED

<p>PATIENT IDENTIFICATION NAME: AUSTIN, PERRY A MRN: 999410 RACE / SEX: W/M DOB: 6/23/1959 DATE RECEIVED: <u>2002</u></p>		<p>HEALTH SERVICES DENTAL HEALTH RECORD HSD-4</p>	
		<p>SUBSEQUENT EXAMINATION</p>	
<p>RESTORATIONS & TREATMENT <small>(RETAIN ORIGINAL, DOCUMENT CHANGES & SCAN)</small></p>		<p>DISEASES & ABNORMALITIES <small>(COMPLETE THEN SCAN)</small></p>	
<p>RIGHT</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p>	<p>RIGHT</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>	<p>RIGHT</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p>	<p>RIGHT</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>
<p>Remarks: <u>Really bad abscess</u> #14- advanced bone loss & abscess R-14 - NRC- hopeless tooth BP-162/90 - extraction P-69 T-96.9</p>		<p>TREATMENT PLAN <u>DATE: 6/21/2011 04:00PM</u></p> <p><u>14 extraction</u> <u>6/21/11</u></p>	

PERIO TYPE: I II III IV (circle one) TX Eligibility Date: 2003

DDS Initials *HJM*
RDH Initials

DENTAL/MEDICAL HISTORY
EACH Y/N BOX MUST BE CHECKED INDIVIDUALLY,
STRAIGHT LINES THROUGH THE ENTIRE COLUMN ARE PROHIBITED

STRAIGHT LINES THROUGH THE ENTIRE COLUMN ARE PROHIBITED									
Condition	Y	N	Condition	Y	N	Condition	Y	N	
1. Diabetes	✓		8. Abnormal Blood Pressure	✓		15. Stomach Problems	✓		
2. HIV	✓		9. Epilepsy/Seizures	✓		16. Taking Medications	✓		
3. Chronic Heart Failure	✓		10. Hepatitis/Liver Disease	✓		17. Jaw Fractures/Dislocation	✓		
4. Heart Problems	✓		11. Uncontrolled Bleeding	✓		18. Cancer Therapy/TX	✓		
5. Heart Murmur	✓		12. Asthma/Breathing Problems	✓		19. (Women) Pregnant			
6. Rheumatic Fever	✓		13. Tuberculosis (TB)	✓		20. Other:			
7. Artificial Joints/Valves	✓		14. Allergies	✓					

(10) said weight loss in Hughes test (16) Mefenazole, Ibuprofen
(13) TOOK INH 1989 (14) Bacitracin ointment (15) acid reflux

1 of 1



X

#

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/21/2011 09:31 **Facility:** POLUNSKY (TL)
Age: 51 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 6/21/2011: BP: 162 / 90 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 69 (Sitting) ; Resp: 16 / min;
Temp: 96.9 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 06/20/2011, Chief Complaint: really bad abscess

SUBJECTIVE:

Sick Call Exam c/o: see above

Extraction(s): #14

OBSERVATION:

Current Vital Signs Reviewed – BP 162/90, not taking any BP meds, per patient

Medical History Reviewed – no changes noted

Patient consents to extraction due to clinical and current radiographic findings indicate: #14

Advanced periodontal disease / periodontitis

ASSESSMENT:

PLAN: #14 - extraction

TREATMENT PROVIDED:

Sick Call Exam

2 carpules (1.7 ml) Lidocaine 2% with Epinephrine 1:100,000 administered

Consent Form Reviewed and Signed, questions solicited, patient verbalized understanding of possible consequences of treatment to be provided

Radiograph(s) taken: 1 PAX Radiograph(s) reviewed

Extraction of tooth #(s): 14 -no apparent complications noted

Good Hemostasis

Verbal and Written Post Operative Instructions Given

Medications Prescribed: given Motrin 200 mg (10 packs of 2), take 2 tabs prn tid, KOP

Referred to Medical for BP chart review

RTC = scr prn

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1

D-FOCUSED EXAM BY SICK CALL REQ *COPAY* (D0): dental cars 1

D-RADIOGRAPH, ONE FILM (D0): dental cars 1

D-EXTRACTION, ERUPTED TOOTH (D7): dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/21/2011 09:31 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 06/21/2011.
##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

SCR DENTAL S/C SCHEDULED (ATC 1& 2)

Entered On: 12/14/2010 13:48

Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers Winfield and Fisher, Offender refused to come to Dental Appointment; RTC = SCR PRN

Date: 08/15/2011 13:07
From: DIANE JACKSON
To: WILLIAMS, BERNADINE E(E);
Subject: new RX bldg 12...thanks
Re: PERRY AUSTIN

DIANE E. JACKSON, FNP

PATIENT: AUSTIN, PERRY A
3872 FM 350 SOUTH
LIVINGSTON, TX 77351
MRN: 999410
User: JACKSON, DIANE E. FNP

HYDRODIURIL 25MG TABS
Sig: 1 x TABS ORAL DAILY
Order Date: 08/13/2011 16:42
Start Date: 08/13/2011 16:42
Auto Stop Date: 09/12/2011 16:42

Disp. #: 30 TABS
Refills: 11 Before: 09/12/2011 16:42

Allow Generic - No product selection indicated
Rx Written On: 08/13/2011

Prescription Electronically Signed
by DIANE E. JACKSON, FNP

Date: 08/13/2011 16:46
From: DIANE JACKSON
To: POLUNSKY PROCESSING GROUP(E);
Subject: please add to CCC for new Dx of HTN in September...thanks!
Re: PERRY AUSTIN

**CORRECTIONAL MANAGED CARE
MD/MLP CHART REVIEW**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/13/2011 16:35 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male
Most recent vitals from 7/28/2011: BP: 164 / 91 (Sitting) ; Wt: 165 Lbs.; Height: 70 In.; Pulse: 75 (Sitting) ; Resp: 18 / min; Temp: 98.1 (Oral)
Allergies: NO KNOWN ALLERGIES

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

CR

Had elevated BP last month when seen at dentist as well as at a nursing visit.

52 y.o. male with no hx of HTN in past.

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/28/2011 07:29AM		164 / 91			75		18	165	70	98.1					
Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/27/2011 11:46PM		170 / 98			73		18	70	164	97.7					
Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/6/2011 07:55AM		172 / 95			60		18			96.7					
Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
6/21/2011 08:54AM		162 / 90			69		16			96.9					

Two or more BP >135/85—add diagnosis of Hypertension stage I:

First line therapy is diuretic:

Add HCTZ 25 mg po qd

BP checks 2 x week for 4 weeks

CR in 2 weeks to add another medication if needed

Add to CCC for hypertension in one month

Is CARS current? Yes MEDICAL 1

CORRECTIONAL MANAGED CARE MD/MLP CHART REVIEW

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/13/2011 16:35 **Facility:** POLUNSKY (TL)

Procedures Ordered:

*CBC W/DIFF {BABYDMCD PSYLBPSZDBHVCNESLDAHEPHP}: medical cars 1, hypertension (htn)
*COMPREHENSIVE METABOLIC PANEL (CMP) {PSYLABPHEPSZDBHVCNBFAHEPESLDHPESLD}: hypertension

*THYROID STIMULATING HORMONE [TSH] {CNBFPSYLDMCDTPBPDBLEV2}: hypertension (htn)
*URINALYSIS, W/DIPSTICK MICROSCOPIC EXAM ON POSITIVES [UA] {HVCNDBBPBFPSYLESLD}: hypertension

LIPID PANEL {CNDBBFHVPSYLDMCDNBP}: hypertension (htn)
BP CHECK SERIES REQUEST/ORDER (BP) {CNDB}: hypertension (htn)
EKG/ECG REQUEST/ORDER (CNDBBPFSZPSYLEV2): hypertension (htn)
DIET ORDER-DIET FOR HEALTH (DFH){BPDBESLDCNBF}: hypertension (htn)
*HEPATIC FUNCTION PANEL (LFP) {PSYLDMD}: hypertension (htn)

Procedures Ordered:

MD/MLP CHART REVIEW: hypertension (htn)

Started Meds:

hydroCHLORThiazide 25MG TAB 67253082010 08/13/2011 16:42
1 TABS ORAL QD
STOP DATE: REFILLS: 11

Electronically Signed by JACKSON, DIANE E. FNP on 08/13/2011.
##And No Others##

Date: 06/21/2011 09:39
From: GARY CHRISTMAN
To: POLUNSKY PROCESSING GROUP(E);
Subject: BP chart review
Re: PERRY AUSTIN

Attention: Medical Personnel

As per TSBDE Rule 108.7(2) B: Please review chart of
Offender: Austin, Perry A. MRN: 999410
Due to BP of 162/90 today in the dental clinic.
Offender states he does not take BP meds.

Thank you,
Gary Christman, D.D.S.

Date: 05/11/2010 14:20
From: ALAN ZOND
To: JENNIFER PARKER(E);
Subject: RE: RE:
Re: PERRY AUSTIN

YEPPER

-----Original Message-----

Date: 05/10/2010 11:20
From: JENNIFER PARKER
To: ALAN ZOND(E); CARLY PERKINS S(E);
Subject: RE:
Re: PERRY AUSTIN

There was a reminder created and they were supposed to be scheduled once a week until 5/4/10, but someone closed the reminder on 4/15/10 when it was not supposed to be closed. Do we need to reschedule them??

Ms. Parker

-----Original Message-----

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 05/10/2010 11:20
From: JENNIFER PARKER
To: ALAN ZOND(E); CARLY PERKINS S(E);
Subject: RE:
Re: PERRY AUSTIN

There was a reminder created and they were supposed to be scheduled once a week until 5/4/10, but someone closed the reminder on 4/15/10 when it was not supposed to be closed. Do we need to reschedule them??

Ms. Parker

-----Original Message-----

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 02/11/2010 08:53
From: SANDRA BRAME
To: ALAN ZOND(E);
Subject: REFUSED LABS
Re: PERRY AUSTIN

LAB MISSED CLINIC REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled lab clinic visits. See attachment(s).

Please review chart information and reorder as needed. Pt refused labs and is deleted for LFP

Date: 07/20/2009 15:00
From: JOYCE BONDS
To: POLUNSKY SCHEDULERS(E);
Subject: no show
Re: PERRY AUSTIN

MISSED CLINIC VISIT REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled clinic visit for today, Jul 20, 2009, due to:

No Show fo bad earaches
 Refusal
 Ad Seg Patient - No Show due to no escort available
 Patient left clinic without being seen by the provider

Please review chart information and advise of needed reschedules or other actions.

Reschedule
 Do Not Reschedule

Date: 07/09/2009 12:40
From: TAMMY KING
To: POLUNSKY SCHEDULERS(E);
Subject: RESCHEDULE APPT.
Re: PERRY AUSTIN

MISSED CLINIC VISIT REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled clinic visit for today, Jul 09, 2009, due to:

No Show
 Refusal
 Ad Seg Patient - No Show due to no escort available
 Patient left clinic without being seen by the provider

X PT. NOT SEEN FOR COMPLANT OF EAR ACHE DUE TO LOCKDOWN

Please review chart information and advise of needed reschedules or other actions.

Reschedule AFTER LOCKDOWN IS COMPLETED
 Do Not Reschedule

Date: 06/26/2009 10:08
From: ALAN ZOND
To: BERNADINE WILLIAMS(E);
Subject: RE:
Re: PERRY AUSTIN

yes

-----Original Message-----

Date: 06/25/2009 03:11
From: BERNADINE WILLIAMS
To: ALAN ZOND(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications: omeprazole 20 mg bid fell off forvis
Sick Call Request received Jun 25, 2009 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

Date: 06/25/2009 03:11
From: BERNADINE WILLIAMS
To: ALAN ZOND(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications: omeprazole 20 mg bid fell off forvis
Sick Call Request received Jun 25, 2009 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/25/2008 10:19

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JAN 2

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: 22, January 2008

Work Assignment: _____

TDCJ No: 999410

Wing No: 12 CBL

School Hours: _____

Work Hours: _____

Service needed: Medical Dental Mental Health Other: _____

Reason for Health Services Appointment: I need my Ranitidine renewed.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Order current - see attached med pass

J. R. John L.

Medical Staff Member's Signature

Date

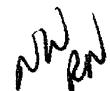
Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 02/08/2008 09:05
MEDICATION PASS

01/22/2008

TDC NO.: 00999410
UNIT: TL

NAME: AUSTIN, PERRY ALLEN
HOUSING LOCATION: 12-C-B ROW-1
CELL: 15

DRUG PRESCRIBER START DT EXP DATE RENEW FINAL EXP
RANITIDINE 150MG TAB PORRAS, GUILLERM 01/21/08 02/19/08 0 2 04/19/08
TAKE 2 TABLETS 2 TIMES A DAY X 30 DAYS-KOP.



CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

90 Day Outpatient Adminsitrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

Age:48 Race: W Sex: Male

Patient Language: ENGLISH **Name of interpreter, if required:** _____

CASE SUMMARY:

AGE [797.] first observed 10/25/2007 (Active)
 BACKACHE [724.5] first observed 02/02/2005 (Active)
 CONJUNCTIVITIS NOS [372.30] first observed 11/08/2006 (Active)
 DENTAL CARS 1 [DC1] first observed 03/27/2006 (Active)
 HEARTBURN [787.1] first observed 03/15/2004 (Active)
 MEDICAL CARS 1 [MC1] first observed 03/31/2006 (Active)
 MENTAL HEALTH CARS 0 [MHC0] first observed 12/22/2005 (Active)
 NO DIAGNOSIS ON AXIS I OR AXIS II [V71.09] first observed 02/23/2005 (Active)
 REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)
 TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)
 VISION [369.9] first observed 05/13/2004 (Active)

LATE ENTRY, OFFENDER SEEN 2/19/2008**From Reports by Security & Medical Staff**

Have there been any unusual behaviors in the past 90 days? If so explain

YES NO

Interview Questions

Have you experienced any traumatic events during the last 90 days?

Specify: _____

YES NO

Behavioral Observation (may use decision tree and insert here or insert your own)**MENTAL STATUS EXAM**

Appearance

Grooming

Normal

Posture/Gait

Normal

Motor Activity

Unremarkable

Sensorium

Attention

Normal

Concentration

Normal

Orientation

Oriented X 4

Recall/Memory

Normal

Relating

Eye Contact

Normal

Facial Expression

CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES

90 Day Outpatient Adminisitrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

Responsive
 Attitude Toward Examiner
 Cooperative
 Affect & Mood
 Affect
 Appropriate
 Mood
 Euthymic
 Speech & Thought
 Speech Flow
 Normal
 Thought Content
 Appropriate To Mood/Circumstances
 Preoccupations
 None
 Hallucinations
 None
 Thought Organization
 Logical, Goal Directed
 Executive Functions
 Judgment
 Normal
 Reality Testing
 Realistic
 Insight
 Uses Connections
 Decision-Making
 Normal
 Adaptive Skills
 Coping Ability
 Normal
 Social Functioning
 Social Support
 Adequate
 Risk To Self & Others
 Self Harm
 None
 Harm To Others
 None

Disposition

- Follow up in 90 days or upon request/referral
- Schedule for further evaluation

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Adminsittrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

- Refer immediately for evaluation
- Other (Specify):

Procedures Ordered:

MH OP AD SEG 90 DAY EVALUATION: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by FORD, LASHONDA R MS,LPC Intrn,SP on 02/20/2008.
##And No Others##

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/10/2008 09:11

RECEIVED SC-002/00
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION MAR 07 2008
SICK CALL REQUEST 80L

PART A: (To be completed by offender)

Offender's Name: Berry Allen Austin

Date: March 05, 2008

TDCJ No.: 999410

Work Assignment:

Work Hours: R

Wing No.: 12CB15

School Hours:

Service needed: Medical Dental Mental Health Other: _____

MA

Reason for Health Services Appointment: I would like to have my Ibuprofen prescription renewed for my back. I've got bone spurs.

How long have you had this problem? Hours: _____ Days: Many

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Berry A. Austin

Signature of Offender

cc: fil

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Schedule Provider sick call - Person UC

Medical Staff Member's Signature

Chart review CG
N.W. THOMAS RN
2/7/08

Date

HSA - 9 (Rev. 5/97)

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2008 11:15 **Facility:** POLUNSKY (formerly TERRELL)
Age: 48 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:

cr

ibup 800 1 po bid x 30 kop rf x 2

Electronically Signed by ZOND, ALAN D.O. on 03/10/2008.
##And No Others##

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/14/2008 12:03
Ferry Allen Austin #77741V
TDCJ-ID, Polunsky Unit
3872 FM 350 South
Livingston, Texas 77351

MAR 13 2008

Dr. Borras
Medical Department - Death Row
TDCJ-ID, Polunsky Unit
3872 FM 350 South
Livingston, Texas 77351

March 12, 2008

Dr. Borras,

I am writing to complain about the lack of medical attention and the apparent abandonment of the sickcall process.

I sent in a sickcall slip last week Thursday, March 06, 2008. It was one of the rare times I was able to even obtain a sickcall slip and it was picked up by one of the nurses that passes out pills. It is now six days later and I still not been seen by medical personnel.

I tried to bring my problem to one of the pill nurse today but she would not even stop long enough to hear what I had to say. All she said as she ran past my cell was, "Put in a sickcall." I already have once. How can I put in another one when I can't even get a sickcall slip? I can't even get an I60! I will address that problem to someone else though.

The reason I put in the sickcall last week is because of the ongoing problems I'm having with my back. A couple of years ago I had x-rays taken because of intense pain in my lower back that kept spreading down to my lower extremities. It was found that I had bone spurs on my lower spine. I've tried to deal with the pain and other difficulties because of the bone spurs on my own but the pain has been steadily getting worse. I asked that my Ibuprofen prescription be renewed. If not that, then getting in to see someone to diagnose and prescribe something for my medical condition.

I have also been experiencing extreme acid reflux. If you'll look at my medical records since being here I have had this problem since I came here. I have in fact had this problem for the past 30 years and a look at my medical records from my past TDCJ incarcerations will verify this fact. Yet I have been unable to convince any of the medical personnel to bring these records up. I am currently on Ranitidine, taking two (2) pills twice a day. This is an increase from one (1) pill twice a day when the original prescription wasn't doing any good. Well, the current dosage isn't doing any good either. Everything I eat or drink seems to cause my acid reflux to flare up intensely. Yet when I've complained about this in the past, I was either ignored, or told to stop eating this or that. If I stopped eating and drinking everything that caused my acid reflux to flare up I would literally starve to death, if not die of thirst. This is not an exaggeration as even water sometimes causes it to flare up.

In closing, I am requesting that I be seen as soon as possible for my medical problems and that something be done about the lack of access to sickcall.

Perry A. Austin

(*) All W.A.

cc:Richard Bourke - Attorney
file

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/14/2008 12:04

You were given a prescription for Zempriifen (800 mg for 30 days w/ two refills) on 3/10/08.

I will lay you in w/ Dr. Zond to discuss your ^{MAP} continuing problems w/ acid reflux.

J.Rudolph, PNP
3/13/08

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/17/2008 12:22 **Facility:** POLUNSKY (formerly TERRELL)
Age: 48 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:

cell side security reasons
worsening gerd
nad

Plan is as follows:

dc ibuprofen
nort 50 1 po bid x 30 rf x 11

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): reflux esophagitis

Electronically Signed by ZOND, ALAN D.O. on 03/17/2008.
##And No Others##

Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 03/21/2008 08:52 03/14/2008

TDC NO.: 00999410
UNIT: TL

NAME: AUSTIN, PERRY ALLEN
HOUSING LOCATION: 12-C-B ROW-1 CELL: 15

DRUG	PREScriber	START DT	EXP DATE	RENEW	FINAL EXP
RANITIDINE 150MG TAB	PORRAS, GUILLERM	02/20/08	03/20/08	1	04/19/08
TAKE 2 TABLETS 2 TIMES A DAY X 30 DAYS-KOP.					
IBUPROFEN 800MG TABLET	ZOND, ALAN G	03/15/08	04/13/08	0	06/12/08 ✓
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS-KOP.					

Alan G 3/14/08

Date: 04/18/2008 08:40
From: TERESA POPE
To: ALAN ZOND(E);
Subject: AUSTIN #999410
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Apr 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RANITIDINE 150 MG 2 TABS BID FOR 30 DAYS KOP WITH 5 REFILLS
VO DR.ZOND/T.POPE RN

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 04/22/2008 11:50
SUBJECT: State briefly the problem on which you desire assistance.

RECEIVED 16-016/04/08

APR 20 2008

I sent in a sickcall request on April 09, 2008 requesting that my Ranitidine prescription be renewed or I be prescribed something else for my acid reflux. My current prescription runs out April 19, 2008. I have an extreme case of acid reflux and the current medication barely works but it's better than nothing at all. I need this medication. Please let me know if it has been renewed and if it hasn't, the reason why. I have had chronic stomach problems for many many years and this would be evident if you would get my medical records from my old TDCJ number (#292744). I am looking forward to hearing something from you soon. Thank you.

Perry A. Austin

cc:file

Name: Perry Allen Austin No: 999410 Unit: Polunsky
Living Quarters: 12CB15 Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

Response: Your medication has been ordered.
SPM/unanew 4/20/08

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Adminisitrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 05/14/2008 14:33 Facility: POLUNSKY (formerly TERRELL)

Age:48 Race: W Sex: Male

Patient Language: ENGLISH **Name of interpreter, if required:** _____

CASE SUMMARY:

AGE [797.] first observed 10/25/2007 (Active)
 BACKACHE [724.5] first observed 02/02/2005 (Active)
 CONJUNCTIVITIS NOS [372.30] first observed 11/08/2006 (Active)
 DENTAL CARS 1 [DC1] first observed 03/27/2006 (Active)
 HEARTBURN [787.1] first observed 03/15/2004 (Active)
 MEDICAL CARS 1 [MC1] first observed 03/31/2006 (Active)
 MENTAL HEALTH CARS 0 [MHC0] first observed 12/22/2005 (Active)
 NO DIAGNOSIS ON AXIS I OR AXIS II [V71.09] first observed 02/23/2005 (Active)
 REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)
 TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)
 VISION [369.9] first observed 05/13/2004 (Active)

From Reports by Security & Medical Staff

Have there been any unusual behaviors in the past 90 days? If so explain

YES **NO**

Interview Questions

Have you experienced any traumatic events during the last 90 days?

Specify:

YES **NO**

Behavioral Observation (may use decision tree and insert here or insert your own)

Pt appeared neat and clean. Grooming is normal. Motor activity is unremarkable and posture/gait is normal. He was oriented x 4 with normal attention, concentration and recall. Pt was calm and cooperative. His facial expressions were responsive with normal eye contact. Mood was euthymic with appropriate affect. His thoughts were logical and goal oriented. Thought content was appropriate to mood and circumstances. Speech flow was normal with normal volume. Judgment was normal. Uses connections. Normal decision making. No A/V Hallucinations. No S/H Ideations.

Disposition

- Follow up in 90 days or upon request/referral
- Schedule for further evaluation
- Refer immediately for evaluation
- Other (Specify):

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Adminisitrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 05/14/2008 14:33 Facility: POLUNSKY (formerly TERRELL)

Procedures Ordered:

MH OP AD SEG 90 DAY EVALUATION: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by FORD, LASHONDA R MS,LPC Intrn,SP on 05/14/2008.
##And No Others##

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/16/2008 13:24

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

SC-007/06/08

JUN 15 2008

PART A: (To be completed by offender)

Offender's Name: Perry Allen Austin

Date: 06/14/08

Work Assignment: _____

TDCJ No. 995410

Wing No. 12CB15

School Hours: _____

Work Hours: _____

Service needed: Medical Dental Mental Health Other: _____

Reason for Health Services Appointment: The current dosage of Ranitidine is not adequate. I am having to sometimes take three to four pills a day. I'm running out of pills too early.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry Q. Austin

Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 6/15/08 Sch NSC education on medication -

negative B.

Medical Staff Member's Signature

Date

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/17/2008 11:40 **Facility:** POLUNSKY (formerly TERRELL)
Age: 49 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem: SCR dated 6-15-08 - chart review only.

S: complaining that he has taken Zantac 3 and 4 times a day and not working

O: Offender apparently taking too many medications.

A:

Plan is as follows: dc kop zantac and make non kop so compliance can be monitored to consider different treatment.
Zanta 150 mg BID non kop for 30 days
Dc previous order
V.O. Dr. Porrus/J. Bonds RN

Electronically Signed by BONDS, JOYCE M R.N. on 06/17/2008.

Electronically Signed by CARLIN, BRANDI L CMA on 06/17/2008.

Electronically Signed by PORRAS, GUILLERMO M.D. on 06/18/2008.

##And No Others##

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language:	ENGLISH	Name of interpreter, if required:	NA
--------------------------	---------	--	----

IF BASED ON COLLECTION OF THE FOLLOWING DATA YOUR JUDGEMENT IS THAT THE PATIENT'S PAIN MAY BE CARDIAC IN NATURE, REFER IMMEDIATELY TO THE CHEST PAIN PROTOCOL.

SCR INITIATED?	XX	YES	Date Received:	6/25/08
		NO		

NP - HEARTBURN/INDIGESTION

Subjective Data

1. Chief Complaint (Describe): C/O THAT THE ZANTAC IS NO LONGER WORKING FOR HIS GERD; STATES THAT HE HAD A PREVIOUS ORDER OF ZANTAC 150MG 2 TABS BID AND IT WAS LOWERED TO 1 TAB BID; THEN HE SAYS HE HAS BEEN TAKING ALMAG BOUGHT FROM COMMENSARY TO HELP RELEIVE THE PROBLEM; PT STATES THAT WHEN THE ORDER WAS CHANGED TO 1 TAB BID THAT HE CONTINUED TO TAKE THEM 2 AT A TIME; AFTER HE WAS SEEN ON THE 17TH HIS KOP WAS TAKEN AWAY; PT NOW REQUESTING A NEW MEDICATION OR THAT THE ZANTAC BE REORDERED 2 TABS BID;

2. Significant Medical History (Describe): NONE

3. History Of Recent Abdominal Surgery?

No

4. Habit History

Alcohol NA

Caffeine NA

5. Pain

Location (Specify): HEARTBURN;

Onset (Specify): SEVERAL YEARS AGO;

Frequency (Specify): DAILY;

Radiating (Specify): N/A

Intensity:

Severe

6. Aggravating Factors (Specify): SPICY FOOD;

7. Alleviating Factors (Specify): ZANTAC AND ALMAG HELP CALM IT DOWN;

8. Appetite:

Normal

9. Vomiting

No

Objective Data

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 06/26/2008 13:16 Facility: POLUNSKY (formerly TERRELL)

1. General Appearance
Normal
2. Skin
Warm
Dry
3. Abdominal Inspection
Flat
4. Abdominal Palpation
Soft
Tenderness
No
Rebound Tenderness
No
5. Bowel Sounds
Normal
Quadrant
All

Comments NOTIFY PROVIDER;

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

Complete an EKG and IMMEDIATELY refer to Physician/Midlevel Practitioner:

- Patient has history of HTN.
- Patient has history of cardiovascular disease.
- Pain radiates to back, chest, neck, arm or jaw.
- Pain is associated with nausea, vomiting, sweating or shortness of breath.

TREATMENT PLAN:

- Recheck any abnormal V/S and report to provider if indicated.
- 0
- If none of above signs and symptoms are present, offer aluminum/magnesium hydroxide, 2 tablets by mouth STAT, and observe for at least 30 minutes. **PRECAUTIONS:** Do not give if taking Tetracycline, Quinidine, Amphetamines, Levodopa or Dicumarol (thyroid medication).
- If unrelieved, obtain another set of vital signs and **notify Physician/Mid-level Practitioner immediately.**
- If relieved by antacid, then offer aluminum/magnesium hydroxide 1 or 2 tablets by mouth, as needed, for 7 days KOP. (Issue 15 tablets)

PATIENT INSTRUCTIONS:

If relieved by antacid then instruct patient:

- Drink plenty of fluids when eating.
- 0
- Do not lie down for at least 2 hours after eating.
- 1
- Avoid known irritants.

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

2

- Eat smaller meal sizes, especially the last meal of the day.
- 3
- Resubmit sick call request or notify nurse if symptoms are not resolved.

PROVIDER NOTIFIED WITH ORDER RECEIVED

D/C CURRENT RANITADINE ORDER
OMEPRAZOLE 20MG 1 TAB BID X 30 DAYS WITH 11 REFILLS
VO G. PORRAS MD/ J FULLER, JR LVN

Procedures Ordered:

*NURSING PATIENT EDUCATION: np - heartburn/indigestion
NURSING LEVEL 1 COMPLETE VISIT: np - heartburn/indigestion

Electronically Signed by FULLER, JOHNNY R L.V.N. on 06/26/2008.
##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/10/2009 13:46 **Facility:** POLUNSKY (formerly TERRELL)
Age: 50 Years **Race:** W **Sex:** Male
Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Today's Problem:

cr tylenol 325 2 po bid x 30 kop ifa rf x 2

Electronically Signed by ZOND, ALAN D.O. on 06/10/2009.
Electronically Signed by SHAFFER, MARGARET T on 06/10/2009.
Electronically Signed by PARKER, JENNIFER D CCA on 06/10/2009.
Electronically Signed by WILLIAMS, BERNADINE PCA on 06/12/2009.
Electronically Signed by FRANKLIN, TONYA FCSR on 06/12/2009.
Electronically Signed by MCINTOSH, CHRISTINA L CMA on 06/15/2009.
Electronically Signed by MARTIN, REMEMBER C CCA on 06/16/2009.
Electronically Signed by FOXWORTH, ARIANA FCSR on 06/17/2009.
Electronically Signed by MUDD, PAMELA F on 06/22/2009.
Electronically Signed by PRICE, PATRICIA L FCSR on 07/17/2009.
##And No Others##

Date: 12/04/2008 15:56
From: MICHAEL CHANCELLOR
To: COOLEY-JACKSON, SHANNON L(E);
Subject:
Re: PERRY AUSTIN

CORRECTIONAL MANAGED CARE
Mental Health Outpatient Clinic Note

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 12/04/2008 15:40 **Facility:** POLUNSKY (formerly TERRELL)

Age:49 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

S: Pt. was seen as a follow-up after he verbally refused his psychiatric appointment. He stated that he is a private person and did not want to have the officers present during his appointment. He was assured that officers remain out of the room for the psychiatric appointments. He is willing to attend if rescheduled. He has been in prison since 1978 according to the pt. He admits that he has thoughts of self-harm, but is able to push the thoughts away. He does not want to kill himself.

O: Mental Status:

Orientation: x4

Behavior: cooperative

Speech: normal

Thought Process: lucid, organized (no delusions)

Thought Content: appropriate (free of hallucinations)

Memory: intact

Mood: dysphoric

Affect: congruent

Impulse Control: good

Insight & Judgment: fair

Suicidal/homicidal ideation: Thoughts, but no plans or intent

A: 311.0

P: See as scheduled by current MH provider

Procedures Ordered:

MH OP FOLLOW-UP: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by ROY, JULIA L MA, SP on 12/04/2008.

##And No Others##

Date: 11/12/2008 11:32
From: JULIA ROY
To: GEORGE FONG G(E);
Subject: Austin, Perry 999410
Re: PERRY AUSTIN

See attached document. Pt. scheduled for a 90 Day Ad Seg assessment this month (11/08).
Please advise.

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 08/15/2008 16:05

Facility: POLUNSKY (formerly TERRELL)

Age:49 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Active Problems: *

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Dental Cars 1 First Observed 03/27/2006 04:15PM

Nurse Protocol:

Np - Heartburn/indigestion First Observed 06/26/2008 01:17PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medical Cars 1 First Observed 03/31/2006 11:22AM

Conjunctivitis Nos First Observed 11/08/2006 07:56AM

Age First Observed 10/25/2007 10:57AM

Observation- Cond Not Found First Observed 06/24/2008 01:47PM

*

Seen this date at (time): 15:50

S: Patient interviewed to determine urgency of mental health needs.

Referral Source:

Chain screen
 Sick-call request/I-60 **Date Stamped:** 8/5/08 for R.P., SP _____
 Walk-in
 Referral from: _____

Reason for referral/complaint: I need to see someone from the psych-dept. about getting put on some medication for mental issues that's getting worse.

Discussed limits of confidentiality with offender. He/she verbalized understanding

****If returning from an inpatient facility insert the**

CORRECTIONAL MANAGED CARE OUTPATIENT MENTAL HEALTH SERVICES

Triage Interview

Patient Name: AUSTIN, PERRY A TDCJ #: 999410 Date: 08/15/2008 16:05

Facility: POLUNSKY (formerly TERRELL)

Date: 08/15/2008 16:05

Offender Denies Or Has No Current Plan For Suicide Or Self-Injury Is Likely To Seek Help If S/He Changes His/Her Mind

Assessment Of Suicide Risk

Based Upon Available Data, It Is My Clinical Opinion That This Offender Is At No Imminent Risk For A Potentially Lethal Suicide Attempt

A: Urgent mental health needs identified
 Non-urgent mental health needs identified
 No apparent mental health needs
 Currently receiving Mental Health treatment
 Other:

P: Refer to:

- QMHP
- Psychiatrist/PA/NP (confer with)
- Other:

Return to clinic in 1 week _____ for follow-up (MHE)

- See as scheduled by current mental health provider
- Follow-up upon request or referral. Access to care procedure explained to patient.

Procedures Ordered:

MH OP SICK CALL/REFERRAL TRIAGE: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by ROY, JULIA L MA, SP on 08/15/2008.

Electronically Signed by POSLEY, ROSEMARY MA, SP on 08/25/2008.

Electronically Signed by FORD, LASHONDA R MS.LPC Intrn,SP on 08/28/2008.

##And No Others##

Date: 06/30/2008 11:38
From: REMEMBER MARTIN
To: BRANDI CARLIN L(E); CHRISTINA MCINTOSH L(E);
Subject:
Re: PERRY AUSTIN

PATIENT NAME: AUSTIN, PERRY A TDCJ: 999410 FACILITY:
POLUNSKY (formerly TERRELL)

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:** NA

IF BASED ON COLLECTION OF THE FOLLOWING DATA YOUR JUDGEMENT IS THAT THE PATIENT'S PAIN MAY BE CARDIAC IN NATURE, REFER IMMEDIATELY TO THE CHEST PAIN PROTOCOL.

SCR INITIATED?	XX	YES	Date Received:	6/25/08
		NO		

NP - HEARTBURN/INDIGESTION

Subjective Data

1. Chief Complaint (Describe): C/O THAT THE ZANTAC IS NO LONGER WORKING FOR HIS GERD; STATES THAT HE HAD A PREVIOUS ORDER OF ZANTAC 150MG 2 TABS BID AND IT WAS LOWERED TO 1 TAB BID; THEN HE SAYS HE HAS BEEN TAKING ALMAG BOUGHT FROM COMMENSARY TO HELP RELEIVE THE PROBLEM; PT STATES THAT WHEN THE ORDER WAS CHANGED TO 1 TAB BID THAT HE CONTINUED TO TAKE THEM 2 AT A TIME; AFTER HE WAS SEEN ON THE 17TH HIS KOP WAS TAKEN AWAY; PT NOW REQUESTING A NEW MEDICATION OR THAT THE ZANTAC BE REORDERED 2 TABS BID;

2. Significant Medical History (Describe): NONE

3. History Of Recent Abdominal Surgery?

No

4. Habit History

Alcohol NA

Caffeine NA

5. Pain

Location (Specify): HEARTBURN;

Onset (Specify): SEVERAL YEARS AGO;

Frequency (Specify): DAILY;

Radiating (Specify): N/A

Intensity:

Severe

6. Aggravating Factors (Specify): SPICY FOOD;

7. Alleviating Factors (Specify): ZANTAC AND ALMAG HELP CALM IT DOWN;

8. Appetite:

Normal

9. Vomiting

No

Objective Data

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

1. General Appearance
Normal
2. Skin
Warm
Dry
3. Abdominal Inspection
Flat
4. Abdominal Palpation
Soft
Tenderness
No
Rebound Tenderness
No
5. Bowel Sounds
Normal
Quadrant
All

Comments NOTIFY PROVIDER;

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

Complete an EKG and IMMEDIATELY refer to Physician/Midlevel Practitioner:

- Patient has history of HTN.
- Patient has history of cardiovascular disease.
- Pain radiates to back, chest, neck, arm or jaw.
- Pain is associated with nausea, vomiting, sweating or shortness of breath.

TREATMENT PLAN:

- Recheck any abnormal V/S and report to provider if indicated.
- 0
- If none of above signs and symptoms are present, offer aluminum/magnesium hydroxide, 2 tablets by mouth STAT, and observe for at least 30 minutes. **PRECAUTIONS:** Do not give if taking Tetracycline, Quinidine, Amphetamines, Levodopa or Dicumarol (thyroid medication).
- If unrelieved, obtain another set of vital signs and **notify Physician/Mid-level Practitioner immediately.**
- If relieved by antacid, then offer aluminum/magnesium hydroxide 1 or 2 tablets by mouth, as needed, for 7 days KOP. (Issue 15 tablets)

PATIENT INSTRUCTIONS:

If relieved by antacid then instruct patient:

- Drink plenty of fluids when eating.
- 0
- Do not lie down for at least 2 hours after eating.
- 1
- Avoid known irritants.

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

2

- Eat smaller meal sizes, especially the last meal of the day.

3

- Resubmit sick call request or notify nurse if symptoms are not resolved.

PROVIDER NOTIFIED WITH ORDER RECEIVED

D/C CURRENT RANITADINE ORDER
OMEPRAZOLE 20MG 1 TAB BID X 30 DAYS WITH 11 REFILLS
VO G. PORRAS MD/ J FULLER, JR LVN

Procedures Ordered:

*NURSING PATIENT EDUCATION: np - heartburn/indigestion
NURSING LEVEL 1 COMPLETE VISIT: np - heartburn/indigestion

Electronically Signed by FULLER, JOHNNY R L.V.N. on 06/26/2008.

##And No Others##

Date: 04/18/2008 08:40
From: TERESA POPE
To: ALAN ZOND(E);
Subject: AUSTIN #999410
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Apr 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RANITIDINE 150 MG 2 TABS BID FOR 30 DAYS KOP WITH 5 REFILLS
VO DR.ZOND/T.POPE RN

Date: 01/18/2008 23:08
From: NELDA WILLIAMS
To: GUILLERMO PORRAS(E);
Cc: JENNIFER PARKER D(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Jan 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RENEW MED. RANITIDINE 150MG TAB TAKE 2 TABLETS 2 TIMES EVERY DAY FOR 30 DAYS KOP REFILL X 2
V/O DR. PORRAS/ N. WILLIAMS RN

Date: 08/15/2006 08:42
From: DEANNA OVERBECK
To: REMEMBER MARTIN C(E);
Subject: Austin # 999410
Re: PERRY AUSTIN

please refer to optom

Correctional Managed Care
VISUAL ACUITY TEST

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/15/2006 08:20 **Facility:** POLUNSKY (formerly TERRELL)
Age: 47 Years **Race:** W **Sex:** Male
Most recent vitals from 08/11/2006: BP: 120 / 82 (Sitting) ; Wt: 167 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 14 / min; Temp: 98 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH **Name of interpreter, if required:**

Wears glasses: Yes: No: X

TDCJ issues: Yes: No: X

Date issued: 1998- HARRIS CO.

FAR VISION (20 FEET OPTICAL CHART)

WITHOUT GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/200

WITH GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/50

NEAR VISION (ROSENBAUM NEAR CARD)

WITHOUT GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/100

WITH GLASSES

RIGHT EYE:	20/400
LEFT EYE:	20/400
BOTH EYES:	20/70

PATIENT VISION COMPLAINT: VISION IS BLURRY, GLASSES WERE ISSUED IN HARRIS CO. JAIL

DISPOSITION (X one below):

NO REFERRAL NEEDED
REFER TO MD/MLP

X

Electronically Signed by VICKERS, SUSAN L on 08/15/2006.

Electronically Signed by OVERBECK, DEANNA E NP on 08/15/2006.

##And No Others##

Date: 03/08/2005 07:01
From: ROBERT YOUNG
To: SUSAN VICKERS L(E);
Subject: Naprosyn
Re: PERRY AUSTIN

PATIENT NAME: AUSTIN, PERRY A TDCJ: 999410 FACILITY:
POLUNSKY (formerly TERRELL)

Pt was scheduled to be seen today per Warden for his Naprosyn from Zond but Zond did not order any meds. He was only seeing him for low row restriction. Pt has severe Hx of GERD and was DC'd from all NSAIDs and should take Tylenols only. I will order some Tylenol today.

Date: 05/17/2004 07:45
From: ROBERT YOUNG
To: BETH DRIVER D(E);
Subject: VAT
Re: PERRY AUSTIN

Refer to Optom